

DEPARTMENT OF PUBLIC WORKS – Return this application to:

BUREAU OF ENGINEERING

Address: 120 North Duke St. / P.O. Box 1599, Lancaster, PA 17608 Phone: (717) 291-4764 / E-mail: Engineering@cityoflancasterpa.gov

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Webpage: www.CityofLancasterPA.gov/Engineering

TRAFFIC CONTROL PERMIT APPLICATION

*** THIS SECTION FOR CITY OF LANCASTER OFFICE USE ONLY ***

	Permit Number:		Approval Date:		
	Permit Expiration:	60 days unless noted			
	Other Notes:				
			AKE THE FOLLOWING NOTIFICAT		
			WORK. FAILURE TO DO SO MAY WORK BEING TERMINATED OR S		
Notify			nts) ConstructionParking@lanca		X
	LCFD at (717) 989-3	<u> </u>	VPaige@cityoflancasterpa.go		X
	SDOL at (717) 291-6		mlshields@sdlancaster.org	<u> </u>	X
	. , ,		4744 SWHotline@cityoflancasterp	na gov	X
	<u> </u>		<u> </u>	<u></u>	X
Reside	ent & Business Notino	cation Required: letters/fly	ers/door nangers		
	THE FOLLOWING REQUIREMENTS WILL APPLY IF CHECKED: Notify Public Works 24 hours in advance at (717) 291-4764 and (717) 291-4725 Parking Space Rental Required from LPA 48 hours in advance, (717) 299-0907 Traffic Control Consultant Required Certified Flaggers Required Notification of RRTA Required, (717) 397-5613 Notification of EMS/Emergency Facility Required Notification of School District(s) and/or Bus Services Required Variable Message Board Required with messages per City direction Notification of PennDOT or Highway Occupancy Permit is required				
	Work Hours Restrict Date Restrictions Ap	ted to:			
	•	Required via Press Release			
	Public/Neighborhood Meeting Required				
	Applicant responsible for roadway and/or sidewalk snow removal				
	Applicant to submit Coordination requir	road, sidewalk, and prope ed:	rty photos prior to work		

ALL ITEMS LISTED BELOW ARE REQUIRED THIS APPLICATION MUST INCLUDE A TRAFFIC CONTROL DIAGRAM OR LABELED SKETCH

Applicant (Company):	
Applicant (Representative Name)	
Applicant Mailing Address:	
Representative Phone Number:	
•	
Representative Email Address:	
Email Address/Fax to Return	
Permit: Date(s) of Proposed Work	
Hours of Proposed Work:	
Description of Work:	
(Brief Narrative)	
Location of Work (nearest address):	
Nearest Intersections:	
(nearest road names)	
Name of On-site Supervisor:	
On-site Supervisor Cell #:	
Applicant Comments:	
(optional)	